



PATENT  
Serial No. 09/777,471 (89190.157900/DP-303637)  
Response to Office Action dated February 24, 2005

## IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant(s): Bircann et al.	)	Examiner: D. Bonderer
Serial No.: 09/777,471	)	Art Unit: 3732
Filed: February 6, 2001	)	
For: SLEEVELESS SOLENOID FOR A LINEAR ACTUATOR	)	

### AMENDMENT AND RESPONSE TO OFFICE ACTION

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 24, 2005, please amend  
the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which  
begin on page 2 of this paper.

**Remarks** begin on page 8 of this paper.

teach or suggest an axial bore of the polepiece not retaining the bearing being non-frusto-conical, and an armature that is entirely separated from the axial bores of the polepieces by an air gap, wherein the armature is prevented from contacting the polepieces as recited in claims 6 and 7. The device disclosed in the Hussy reference also fails to teach or suggest these particular limitations that were lacking in the Golovatai and Law references. As claims 14 and 15 depend from claims 6 and 7, respectively, claims 14 and 15 are not taught or suggested by the Golovatai, Law, and Hussy references for at least the same reasons set forth with respect to claims 6 and 7. Applicants request that the rejection of claims 15 and 16 be withdrawn.

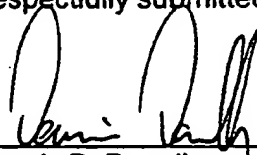
**Conclusion**

In light of the foregoing, Applicants submit that claims 3, 4, 6, 7, 10, 11 and 13-16 are in condition for allowance and such allowance is respectfully requested. Should the Examiner feel that any unresolved issues remain in this case, the undersigned may be contacted at the telephone number listed below to arrange for an issue resolving conference.

Applicants do not believe that any fee is due at this time. However, the Commissioner is hereby authorized to charge any fee that may have been overlooked to Deposit Account No. 10-0223.

Respectfully submitted,

Dated: 5/24/05

  
Dennis B. Danella  
Reg. No. 46,653

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/177747/  
89100.157900/DP303

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

2/26/01

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	10	Minus	20	=
	Independent	5	Minus	4	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	710

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	200
+270=	
TOTAL ADDIT. FEE	200

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.